

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
2009 OCT 28 AM 8:51

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Drury For Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Michael Drury

Political Party (if applicable)

Office Sought

Council At Large

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

*Patricia E. Drury*  
SIGNATURE OF PERSON FILING REPORT

563 357-6576  
TELEPHONE

10-27-09  
DATE SIGNED

I AM FILING A 10/27/09

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
11/03/09

County & Local Committees, enter County in  
which Election is held  
Clinton

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1,440.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

1,440.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

0.00

Schedule F: Loan Repayments total (Attach Schedule F)

1,440.00

**CASH ON HAND** at the end of this reporting period (If final report balance must be zero)

**UNPAID BILLS** (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Drury For Council

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/29/09	ID# CK#	Robert Smith 732 11th Ave So Clinton Ia 52732	Not Applicable	\$50.00	<input type="checkbox"/>
09/29/09	ID# CK#	Richard Sack 3123 McKinley St Clinton Ia 52732	" "	\$50.00	<input type="checkbox"/>
09/30/09	ID# CK#	James & Lynn McGraw 3 Heather Lane Clinton Ia 52732	" "	\$50.00	<input type="checkbox"/>
10/08/09	ID# CK#	Carol Miller 3340 Allie Lane Clinton Ia 52732	" "	\$250.00	<input type="checkbox"/>
10/08/09	ID# CK#	Suzanne Rose 2214 Vermont Ct Vail Co 81657	" "	\$200.00	<input type="checkbox"/>
10/17/09	ID# CK#	Mary Ehlers 2930 Stockwell Lane w Clinton Ia 52732	" "	\$20.00	<input type="checkbox"/>
10/17/09	ID# CK#	Garold Caven 1581 442nd Ave Clinton Ia 52732	" "	\$100.00	<input type="checkbox"/>
10/17/09	ID# CK#	Darryl Waugh 4346 Hwy 136 Clinton Ia	" "	\$100.00	<input type="checkbox"/>
10/17/09	ID# CK#	Paul Steines 200 Fayette St Clinton Ia 52732	" "	\$20.00	<input type="checkbox"/>
10/17/09	ID# CK#	Ron Mallicoat 1104 2nd Ave So. Clinton Ia	" "	\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 865.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Drury for Council

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10/17/09	ID# CK#	Laura Angott 901 N E 16th St Ankeny IA 50021	Not Applicable	\$50.00	<input type="checkbox"/>
10/20/09	ID# CK#	Wayne Mangler 1000 5th Ave No Clinton Ia 52732		\$100.00	<input type="checkbox"/>
10/22/09	ID# CK#	Edith Pfeffer 931 2nd Ave So Clinton Ia 52732		\$100.00	<input type="checkbox"/>
10/22/09	ID# CK#	Carolyn Tallett 1315 No 3rd St Clinton Ia 52732		\$25.00	<input type="checkbox"/>
10/22/09	ID# CK#	Steve Howes 1114 No 5th St Clinton Ia 52732		\$300.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 575.00	
TOTAL (if last page of this schedule)				\$ 1440.00	

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Page 2 of 2  
(for Schedule A)